

## Influenza & RSV Reporting Form, 2007-2008

### Total Weekly Cases and Laboratory Counts

Administrative Rules of Montana require health care providers and laboratories to report individual influenza cases to local health authorities, including the name and age of each case. DPHHS requires only weekly totals be reported for influenza cases and has provided this form to assist local health agencies. While reporting of weekly totals is required, use of this form by local health agencies is voluntary. Thank you for your help!

The form may be updated weekly and faxed to 800-616-7460. Please report weekly during the influenza season (October to May) even if there has been no influenza activity in your area. For more information call the Epi Program at 444-0273.

County/Jurisdiction: \_\_\_\_\_

Week Ending Saturday	Influenza Cases	Lab Surveillance (# Pos/Total)	
	Total Lab Confirmed and Suspected *	Influenza	RSV
Example: Sept 22, 2007	44	5/11	1/5
Sept. 29, 2007			
Oct 6			
Oct 13			
Oct 20			
Oct 27			
Nov 3			
Nov 10			
Nov 17			
Dec 24			
Dec 1			
Dec 8			
Dec 15			
Dec 22			
Dec 29			
Jan 5, 2008			
Jan 12			
Jan 19			
Jan 26			
Feb 2			
Feb 9			
Feb 16			
Feb 23			
Mar 1			
Mar 8			
Mar 15			
Mar 22			
Mar 29			
Apr 5			
Apr 12			
Apr 19			
Apr 26			
May 3			
May 10			
May 17			
May 24			

\*Suspected: Cases presenting with symptoms that the health care provider considers consistent with influenza AND influenza activity has already been confirmed in your area.

## Influenza and RSV Reporting Form Guidance, 2006-2007

The Influenza and RSV Reporting Form has been developed by DPHHS to assist county public health authorities in fulfilling disease reporting requirements mandated by the Administrative Rules of Montana. The use of this form for reporting is optional, but weekly reporting of influenza activity within your county is required per ARM 37.114.204(3). To ensure completeness at the state level, please report weekly during the influenza season (October to May) even if there has been no influenza activity in your area.

Column 1: ***Week Ending Saturday*** - Reporting periods are in one-week increments starting on Sunday and ending on Saturday. Reports can be updated and faxed to DPHHS (800-616-7460) the following week.

Column 2: ***Influenza Cases/Confirmed or Suspected*** – Report all suspected and confirmed cases of influenza reported to your agency. Agencies should list a single combined total that incorporates influenza numbers acquired through active surveillance calls to your providers and laboratories. This combined number should include confirmed or suspected cases (including those testing positive in your laboratories).

*In the example below, 44 confirmed or suspected cases are reported. This could represent any combination of lab confirmed and suspected cases and it is not necessary to itemize these for DPHHS.*

Column 1	Column 2	Column 3	Column 4
Week Ending Saturday	Influenza Cases	Lab Surveillance (# Pos/Total)	
	Total Lab Confirmed and Suspected *	Influenza	RSV
Example: Oct 21, 2006	44	5/11	1/5

Columns 3 & 4: ***Laboratory Surveillance (2 parts)*** - Monitoring local test requests and positives for influenza and RSV at key labs can help you determine the presence of respiratory illnesses in the community that may or may not be influenza related. We encourage agencies to work with key labs performing these tests to collect this information during ***weekly active surveillance calls***.

**Influenza** – Report the number of positive influenza test performed in your jurisdiction’s laboratories (i.e. rapid tests, cultures, PCR, etc.) **and** the total number of influenza tests performed that week.

**RSV** - Report the number of positive Respiratory Syncytial Virus tests and the number of tests performed in the same manner as influenza reporting mentioned above.

*In the example below, the lab reported 5 positive tests out of 11 total tests for influenza and 1 positive RSV out of 5 performed.*

Lab Surv (#Pos/Total)	
Influenza	RSV
5/11	1/5

Note: If reporting systems are working well, individuals with a positive lab test will be included in your total in column 2 (Total Lab Confirmed and Suspected). However, depending on the level of suspicion and the provider’s report, not all negative tests may be considered a “suspect” case and included in column 2.

The guidance provided above is intended to help in the weekly completion of the form. Any questions or concerns not addressed in this guidance should be directed to the DPHHS Communicable Disease Section at (406) 444-0273.